

This application along with proper remittance must be received by this office on or before the dates applicable to the classification in which the business is classified or within 20 days after commencement of business for a new business, or penalty and interest provided by Section 67-4-720, Tennessee Code Annotated will apply.

BUSINESS CLOSING

A FINAL REPORT MUST BE FILED WITHIN 15 DAYS OF YOUR LAST DAY OF BUSINESS IN ORDER TO AVOID PENALTY & INTEREST.

**BUSINESS TAX ACT
LICENSE AND TAX REPORT**

COUNTY/CITY

AS REQUIRED BY SECTION 67-4-715,
TENNESSEE CODE ANNOTATED

Tax Period to

**FOR USE BY
COUNTY and/or CITY ONLY**

Date Received

Business Tax Receipt Number(s)

Classification Number
Indicate Retail, Wholesale or Both

Amount Received Minimum Tax

Business Tax
(Excluding penalty, Interest, Credits and Less)

Penalty and Interest

A. Firm Name Owner
Address Account No.
City, State, Zip Federal Employer ID
Location Business Class

	SCHEDULE OF RATES		TAX PERIOD	DELINQUENT DATES		SCHEDULE OF RATES		TAX PERIOD	DELINQUENT DATES
	RETAIL	WHOLESALE				RETAIL	WHOLESALE		
Class 1A	0.001	0.00025	Jan 01 to Dec 31	March 1st	Class 2	0.0015	0.000375	Apr 01 to Mar 31	June 1st
Class 1 B & 1C	0.001	0.000375	Jan 01 to Dec 31	March 1st	Class 3	0.001875	0.000375	July 01 to June 30	Sept 1st
Class 1D - Fuel	0.0005				Class 4	0.001		Oct 01 to Sept 30	Dec 1st

B. Type Business-Dominant Activity (primary product, vocation or occupation)
If this is a final report, state date business ceased to operate.

1. Total Gross Sales for Tax Period (Less Sales Tax) \$
2. Less: Deduction for Business Tax Purposes from Line 12, Schedule A, \$
3. Taxable Gross Sales for Tax Period (Line 1 Less Line 2) \$
a. Retail Sales % of Taxable Gross Sales \$
b. Wholesale Sales % of Taxable Gross Sales \$
4. Retail Rate of Tax (if applicable)
(Line 3a Multiplied by Rate) \$
5. Wholesale Rate of Tax (If applicable, must be 20% or more of Total Gross)
(Line 3b Multiplied by Rate) \$
6. a. Preliminary Gross Business Tax Due (line 4 plus 5) \$
b. LESS: Minimum License Fee Previously Paid (Former License #)
Limited to amount on line 6a \$
c. Business Tax Base Prior to Local/State Calculations - Line 6a - Line 6b (do not enter less than zero) .. \$

- | | LOCAL | STATE |
|--|-------|-------|
| 7. a. Local 66.67% of Line 6c | \$ | |
| b. State Line 6c less 7a | | \$ |
| 8. Allowable Credits:
Less: Personal Property Tax (Limited to Local Tax Amount - Line 7a | \$ | |
| Personal Property Tax Date Pd. Rec'pt # | | |
| 9. a. Tax-Local - Lines 7a less Line 8 (do not enter less than zero); State - enter line 7b | \$ | \$ |
| b. Calculate 15% state share of local tax Line 9a (local) times 15%=9b | | |
| c. Local & state tax liability. Local - Line 9a (local) less line 9b; State - Line 9a (state) plus line 9b | \$ | \$ |
| Important: If this return is filed with the proper collecting agencies prior to the delinquency date shown above for the appropriate business class, skip to line 12 below. If filed late, proceed to lines 9d thru 11 to calculate the proper penalty and interest to report. | | |
| d. Calculate percentage used to allocate penalty and interest. Divide line 9c (Local) by the Sum of amounts (Local & State) Line 9c and enter as a percentage using the format of xx.xx%. Repeat calculation dividing line 9c (state) by the Sum of amounts (Local & State) line 9c. | | % |
| 10. Penalty (Rate = 5% for each 30 day period or portion thereof for which tax is delinquent (total penalty not to exceed 25%)
Calculate total penalty - apply rate to sum of amounts (local & state) Line 9c and enter results here. (See instructions)
(Minimum penalty = \$15) Penalty = \$ | | % |
| a. Local - Multiply Penalty amount by percentage on line 9d (Local) | \$ | |
| b. State - Multiply Penalty amount by percentage on line 9d (State) | | \$ |
| 11. Interest (Rate x # of days delinquent divided by 365.25 x Line 9c)
[Computed daily from date delinquent until paid] | \$ | \$ |
| 12. Total Add Lines 9c, 10a, 10b & 11 (if applicable) From BOTH Local & State Columns | \$ | \$ |
| 13. Collecting and Recording Fees (\$5 per location for consolidated return) | \$ | |
| 14. Minimum Tax For Next Period Note: Minimum tax is due regardless of amount of credits claimed Line 8
(\$15 per location for consolidated return) | \$ | |
| 15. Penalty Add 5% of Line 14 for each 30 day period or portion thereof for which tax is delinquent - Not to exceed 25% | \$ | |
| 16. Interest (Rate x # of days delinquent divided by 365.25 x Line 14) | \$ | |
| 17. Total Minimum Tax and Business Tax Sum of Amounts in Line 12, 13, 14, 15, 16 from Local & State Columns
Make Check for Amount in Line 17 | \$ | |

C. Sales Tax Reports

1. Gross Taxable Sales for Tax Purposes to the State of Tennessee \$ _____
2. Total Amount of Deductions for State Sales Tax Purposes for Tax Period. Schedule A.
State Sales Tax Return \$ _____
3. Total Amount of Sales Tax Due State for Tax Period. Line 14, State Sales Tax Return \$ _____

The amounts reflected above should equal the total of these items on all State Sales and Use Tax Returns for tax period, including any monthly returns which may be delinquent.

Schedule A. Deductions for Business Tax Purposes

1. Sales of Services substantially performed in other States \$ _____
2. The proceeds of the sale of goods, wares, or merchandise returned by the customer when the sales price is refunded either in cash or by credit. Line E, Schedule A, State Sales Tax Return \$ _____
3. Bona Fide Sales in Interstate Commerce where the purchaser takes possession outside of Tennessee for use or consumption outside of Tennessee and item is actually delivered by the seller or common carrier \$ _____
4. Cash discounts allowed and taken on sales. Line J, Schedule A, State Sales Tax Return \$ _____
5. Repossessions - Enter that portion of the unpaid principal balances in excess of \$500.00 due on tangible personal properties repossessed from customers. Line H, Schedule A, State Sales Tax Return \$ _____
6. The amount allowed as trade-in value for any articles sold \$ _____
7. Amounts subcontracted to others for additions or improvements to real property.
Attach list of subcontractors and their addresses, items subcontracted and amounts \$ _____

Federal excise taxes and state privilege and excise taxes on the following items (indicate amounts sold and deductions):

8. Gasoline and Motor Fuel Tax:

- a. Gasoline tax paid Federal \$ _____
State \$ _____
Totals \$ _____
- b. Motor Fuel Use Tax Paid Federal \$ _____
State \$ _____
Totals \$ _____
- c. State Special tax on petroleum products \$ _____
- d. Liquified Gas for Motor Vehicle \$ _____

9. Tobacco Tax:

- a. Cigarettes Federal \$ _____
State \$ _____
Totals \$ _____
- b. Other Tobacco Products: Federal \$ _____
State \$ _____
Totals \$ _____

10. Beer Federal \$ _____
State \$ _____
a. Wholesale Tax 17% of wholesaler's cost per beer sold \$ _____
Totals \$ _____

11. Other (Specify) \$ _____
..... \$ _____

12. Total Deductions. Enter here and in Line B2, Page 1 \$ _____

(Note: All deductions must have adequate records maintained to substantiate deductions claimed, otherwise they will be disallowed.)

Persons with two or more business locations in a city and/or county may, upon request, obtain forms and file with the appropriate collection officer consolidated tax returns, provided only, however, that such businesses are taxable under the same classification and at the same rate. Consolidated returns must contain a schedule, by individual locations, giving information necessary to determine tax liability at each location.

I certify that this return, including any accompanying schedule or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete return, made in good faith, for the tax period stated pursuant in the provisions of Chapter 58 of Title 67, Tennessee Code Annotated, known as the "Business Tax Act". If prepared by anyone other than the taxpayer, this return is based upon all information of which I have any knowledge, under penalties provided by the "Return Preparer Act of 1969."

This return is for the tax period from _____ to _____

Sign _____ Date _____

Here _____ By _____ Date _____

Signature of preparer, including title if employee of the taxpayer. If person preparing return is not an employee of the taxpayer, state name of attorney, CPA or PA and signature of employee preparing return.